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Title: Safe Consumption Sites for Opioids  
Introduced by: Laura Carravallah, MD, for the Genesee County Delegation  
Original Authors: Micah Brainerd, Dalia Duzdar, and Ali Haque  
Referred to: Reference Committee D  
House Action: **APPROVED AS AMENDED**

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Whereas, the number of opioid prescriptions in Genesee County ranks as the 10th highest in all of Michigan with 536,570 prescriptions written in 2017<sup>1</sup>, and

Whereas, Michigan ranked 10th for the most opioid deaths rate in the nation with 18.5 deaths per 100,000 people in 2016. The number of deaths increased from the previous year by 37 percent. In 2015, the number of opioid deaths surpassed the number of motor vehicle fatalities or gun fatalities in Michigan<sup>2,3</sup>, and

Whereas, the total number of overdoses resulting in death in Genesee County was 137 in 2016. Of those 137 deaths, 87 percent were due to opioid overdose. In only 10 years, the total number of overdose deaths has increased by seven-fold and deaths due to opioid overdose have increased over twenty-fold<sup>4</sup>, and

Whereas, in 2016, the national number of opioid deaths per 100,000 is 18 for males and 8.5 for females. In terms of race, the number of deaths per 100,000 is 15.1 for white people, 10 for Black people, 9 for Native Americans, and 1.5 for Asian/ Pacific Islanders. In terms of age, the number of deaths per 100,000 is 9.3 for people 15-24 years old, 25.9 for people 25-34 years old, 24.1 for people 35-44 years old, 21.2 for people 45-54 years old, 15.2 for people 55-64 years old, and 4.2 for people 65-74 years old<sup>3</sup>, and

Whereas, Michigan’s number of opioid deaths is 1230 for males and 760 for females in 2015. In terms of race, the number of deaths is 1,052 for white people, 181 for Black people, and 49 for Hispanic people. In terms of age, the number of deaths is 20 for people 17 or under, 340 for people 18-25, 780 for people 26-35 years old, 650 for people 36-45 years old, 780 for people 46-55 years old, 450 for people 56-65 years old, and 65 for people 66-75 years old<sup>1,5</sup>, and

Whereas, safer consumption sites show statistically significant decreases in overdose deaths and infectious disease transmission amongst persons who use intravenous substances ensuring increased safety at the individual level<sup>6,7,8,9,10,11</sup>, and

Whereas, safer consumption sites show statistically significant decreases in public drug injection, improper disposal of syringes and injection-related litter, and injection-drug-use related crimes conferring improved safety at the community level<sup>6,12,13,14</sup>, and

Whereas, the only legally sanctioned safe consumption space in North America located in Vancouver, Canada showed a \$6 million-dollar annual savings associated with HIV infection diversion alone<sup>15</sup>, and

Whereas, impact studies within the United States show a significant cost savings associated with using safe consumption spaces as a harm reduction tool versus standard reactive care<sup>16</sup>, and

53           Whereas, the state of Indiana implemented needle exchange sites through the means of the State  
54 Health Department, by creating a master manual document for information on basic education into harm  
55 reduction, service delivery options, training and technical support, staffing, safety and security, service  
56 delivery, overdose prevention, etc.<sup>17,18</sup>, and  
57

58           Whereas, the state of Indiana calculated the cost of HCV treatment to be near \$60,000 for 12 weeks  
59 of treatment per patient, HIV-lifetime treatment to be hundreds of thousands of dollars per patient, an  
60 increase in opioid related deaths from drug overdoses with direct correlation to the HIV/HCV co-infection  
61 outbreaks, and needle exchange services leading to an approximate 80 percent decrease in infectious  
62 disease transmission within Lawrence County<sup>18</sup>, and  
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64           Whereas, the first safe consumption site in Philadelphia, Pennsylvania, provided via a non-profit  
65 organization, Safehouse, has a civil lawsuit pending with the United States as the plaintiff<sup>9</sup>, and  
66

67           Whereas, San Francisco, New York, Seattle, Denver, and Boston have also considered the use of a safe  
68 consumption site as the means of a harm reduction tool versus just reactive care<sup>19</sup>, and  
69

70           Whereas, the State of Michigan showed a sixteen-fold increase in the incidence of neonatal  
71 abstinence syndrome<sup>20</sup>, and  
72

73           Whereas, the Centers for Disease Control and Prevention (CDC) showed in 2016 for reported cases of  
74 chronic HCV a prevalence rate of 262.3 per 100,000 persons versus the national average of 256.9 per 100,000  
75 persons<sup>21</sup>, and  
76

77           Whereas, the CDC showed in 2016 that the State of Michigan is still more than twice the national  
78 Healthy People 2020 goal relative to the incidence rate of acute HCV infection<sup>22</sup>, and  
79

80           Whereas, Genesee County is determined to be at significant risk of, if not already observing,  
81 experiencing an outbreak of HIV or HCV due to injection drug use<sup>23</sup>, and  
82

83           Whereas, Michigan contains 11 of the 220 top counties at the most significant risk of experiencing an  
84 outbreak of HIV or HCV due to injection drug use<sup>23</sup>, and  
85

86           Whereas, 23 percent of intravenous drug users whom are HIV positive in the state of Michigan are  
87 not receiving clinical care to reduce their viral load and suppress transmission<sup>24</sup>, and  
88

89           Whereas, a nationally representative sample of United States inpatient hospitalizations showed that  
90 hospitalizations related to opioid abuse/dependence both with and without associated serious infection  
91 significantly increased from 2002 to 2012, respectively from 301,707 to 520,275 and from 3,421 to 25,535<sup>25</sup>,  
92 and  
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94           Whereas, inpatient charges for hospitalizations related to opioid abuse/dependence with and  
95 without associated serious infection almost quadrupled from 2002-2012, reaching almost \$15 billion for  
96 hospitalizations related to opioid abuse/dependence and more than \$700 million for those related to  
97 associated infection in 2012<sup>25</sup>, and  
98

99           Whereas, 73.6 percent (of 2,093) of IV drug users sampled contracted MRSA bacteremia versus 76  
100 percent (of 36,957) non-users, 16 percent of IV drug users contracted MRSA-based osteomyelitis versus 11.0  
101 percent of non-users, 13.5 percent of IV drug users contracted MRSA-based pneumonia versus 12.6 percent  
102 of non-drug users, 14.9 percent of IV drug users developed MRSA based septic emboli versus 1.4 percent of  
103 non-drug users, 20.4 percent of IV drug users contracted MRSA-based endocarditis versus 4.3 percent of  
104 non-users<sup>26,27</sup>, and

105 Whereas, from 2001 to 2012, approximately 663,715 prescription opioid and heroin overdose  
106 admissions occurred nationwide. Heroin admissions increased 0.11 per 100,000 people per year [95 percent  
107 confidence interval (CI) = 0.04, 0.17], while prescription admissions increased 1.25 per 100,000 people per  
108 year (95 percent CI = 1.15, 1.34). Total inpatient costs increased by \$4.1 million dollars per year (95 percent  
109 CI = 2.7, 5.5) for heroin admissions and by \$46.0 million dollars per year (95 percent CI = 43.1, 48.9) for  
110 prescription admissions, with an associated increase in hospitalization costs to more than \$700 million  
111 annually<sup>28</sup>; therefore be it

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113 RESOLVED: That MSMS supports and shall advocate for: (1) the use of government funding in  
114 Michigan by clean syringe access programs for the purchase of syringes, needles and other equipment  
115 needed for safe consumption of opioids; and be it further

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117 RESOLVED: That MSMS advocate for the completion of a government funded cost-benefit impact  
118 analysis to determine the effectiveness of safe consumption sites as a means of harm reduction; and be it  
119 further

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121 RESOLVED: That MSMS advocate for widespread education on: (1) safe injection practices for those  
122 who use injectable substances to decrease the rate of transmission of infectious diseases such as HIV or HCV;  
123 and, (2) stigma related to drug use for organizations that will inevitably be involved in the care of patients  
124 who use injectable substances.

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127 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$25,000 or more as this resolution directs MSMS to engage in  
128 governmental advocacy.

**Relevant MSMS Policy:** None

**Relevant AMA Policy:** None

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<sup>17</sup> Chapman, E. L., et. al. (2017). Syringe Services & Harm Reduction Program Manual for Local Health Departments. Indiana State Department of Health. Retrieved from: [https://www.in.gov/isdh/files/Guidance percent20Document percent20- percent202017 percent20Update percent20-percent2019-12-17-EC.pdf](https://www.in.gov/isdh/files/Guidance%20Document%20-%202017%20Update%20-%202019-12-17-EC.pdf).

<sup>18</sup> Russell, J. (2018). Public health officials applaud needle-exchange programs, but critics remain. *Indianapolis Business Journal*. Retrieved from: <https://www.ibj.com/articles/69145-public-health-officials-applaud-needle-exchange-programs-but-critics-remain>.

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